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ABSTRACT

Text, illustrations, and exercises are provided in this set of learning modules to teach nurses and nursing students various patient care skills. The first module, "How to Write a Nursing Care Plan" by Dorcas S. Kowalski, discusses three tasks in developing patient care plans: identifying and prioritizing a patient's needs, gathering information about the patient, and planning methods of meeting the patient's needs. The second module, "Nursing Care of a Child with Cystic Fibrosis" by Grace Perkins, discusses measures to be taken in preventing respiratory infections, complications of respiratory infections, malnutrition, steatorrhea, and heat prostration, which children with cystic fibrosis are prone to develop. The third module, "Feeding the Hydrocephalic Baby" by Vivian Filer, details procedures and methods for holding, feeding, and burping hydrocephalic infants. Each module describes and illustrates procedures, provides reinforcement exercises with immediate feedback, and concludes with a post-test and answer key. The time required to complete the modules is specified, ranging from 10 to 30 minutes. (JP)

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HEALTH INSTRUCTION PACKAGES:

NURSING CARE PLANS

Modules prepared by:

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A Project of the League for Innovation in the Community College

JC 810 308

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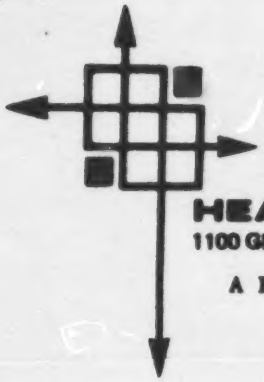

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HOW TO WRITE A NURSING CARE PLAN

By

Dorcas S. Kowalski

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TOPIC:	How To Write a Nursing Care Plan
AUTHOR:	Dorcas S. Kowalski
INSTITUTION:	Laney College
INTENDED STUDENTS:	Nursing (Vocational)
ESTIMATED WORKING TIME:	30 minutes
MATERIALS NEEDED:	None

FIELD TEST COPY

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INTRODUCTION

Nurses believe that patients have a right to the best care possible. In order to provide quality nursing care, nurses seek ways to improve and individualize care. Once the nurse has learned how this can be done, it is important that this knowledge and skill be shared with others who are, or will be, caring for patients. This can be done best with a nursing care plan.

So to write a useful nursing care plan, the nurse must have an adequate knowledge base plus nursing skill. In this instructional unit, you will learn the method of writing a care plan, where to get the information needed, how to determine patient needs and set priorities in meeting needs and to expose not only the "how" but the "why" in choosing methods of meeting patients' needs.

OBJECTIVES OF UNIT

Overall Objectives

Develop a nursing care plan for your patient that can be used by the staff to help plan his care using the accompanying guide.

Sub-Objectives

After completing this instructional unit the student will be able to:

1. List patient basic needs.
2. Determine priorities of nursing care.
3. List source of information needed for the plan.
4. Suggest methods of meeting patients' basic needs.
5. State reasons for your choice of methods for meeting these needs.
6. Identify individual special patient needs.
7. Complete a sample nursing care plan using correct medical terminology.
8. Report that the unit was interesting and useful by answering optional questions giving his reactions to the content and method of presentation.

PRACTICE EXERCISE #1

Input

Nursing care is oriented to those needs of patients which nurses can meet in their professional roles. Needs, per se, are those things which we consider necessary, useful, or desirable but there are both basic and acquired needs.

Basic needs are those that are necessary for survival, such as air, water and food. Rest and safety also are basic needs.

Acquired needs are those that the individual has learned to think of as necessary, useful, or desirable. Pleasant surroundings and diversional activities are among a patient's acquired needs.

Practice Question #1

Choose from the following list those needs that are basic to a patient:

____1) Food

____2) Air and water

____3) Diversional activities

____4) Pleasant surroundings

____5) Safety

____6) Rest

Feedback

If you chose food, air and water, rest and safety, your answers are correct. Who can argue that a patient's safety can be essential to his survival?

PRACTICE EXERCISE #2

Input

The establishing of priorities indicates that somethings are considered to be of greater importance or urgency than others. Priorities may vary from one nursing situation to another and the nurse needs to review her patient's needs in order to decide which need should be attended to first, second or last.

In general, the nurse should attend to the patients' expressed need first if he has stated one. Then considering his diagnosis, the nurse should carry out the nursing measure(s) directly related to it.

Practice Question #2

When planning nursing care for Mr. Jones, who is in pelvic traction for low back pain, you will be including the following measures. Decide which one is most important to his comfort and should be given your first priority?

_____ 1) Shower

_____ 2) Back rub

_____ 3) To physical therapy at 9:00 a.m. per wheel chair

_____ 4) Adjustment of pelvic girdle

_____ 5) Breakfast

Feedback

If you chose item 4, adjustment of pelvic girdle, you are right. That nursing measure is most closely related to his diagnosis, is it not? You are already learning to establish priorities.

PRACTICE EXERCISE #3

Input

There are many ways of gathering information about the patient, his needs and the nursing measures you will use in caring for him. Talk to your patient -- he knows a lot about himself. If he cannot communicate well, consult his family. Certainly, talk to other members of the health team who are familiar with the patient. Read his chart -- what do the doctor's progress notes tell you? What did yesterday's nurses notes tell you? Look up terms and check spelling in your medical dictionary. Read about your patient's condition in your nursing texts.

Practice Question #3

From the following list of sources of information, choose those that will be useful in writing a patient care plan:

_____ 1) Dictionary

_____ 2) Encyclopedia Brittanica

_____ 3) Doctor's Progress Notes

_____ 4) Patient

_____ 5) Patient's family

_____ 6) P.D.R.

PRACTICE EXERCISE #3 (cont.)

Feedback

You should have chosen items 3, 4 and 5. If you chose item 1, it might be helpful but a medical dictionary would be a better choice. Would the P.D.R. have been useful in writing a nursing care plan? No.

PRACTICE EXERCISE #4

Input

In addition to basic needs common to all patients, many patients have individual or special needs related directly to their diagnosis. A patient who has congestive heart failure may be on restricted fluid intake. This basic need for fluid has been modified by his illness and now becomes an individual or special need. Some patients have special needs that are not related to their diagnosis but are important to the patient and therefore must be considered in the nursing care plan. For example, your patient may like hot water to drink instead of ice water.

Practice Question #4

From the following list of patient needs, choose those that can be considered as individual or special:

_____1) diet and fluids as desired

_____2) no ice cream or iced fluids

_____3) encourage fluids to 3000 cc per day

_____4) position of comfort

_____5) head of bed no higher than 30°

_____6) oxygen per mask @ 26 continuously

_____7) pitcher of hot water at bedside

_____8) bathroom privileges

Feedback

If you choose items 2, 3, 5, 6 and 7 you have learned to differentiate between basic needs and special or individual patient needs. Remember that sometimes the special need may not be related to the patient's diagnosis. Be alert for these needs for in this way you can truly individualize patient care.

PRACTICE EXERCISE FOR OVERALL OBJECTIVE

Input

In order to write a nursing care plan for a patient, the nurse must determine the patient's needs, gather information about the patient and plan ways of meeting the patient's needs. Since the nurse doesn't want to make mistakes in planning or carrying out his care, the plan should be discussed with another nurse or written down, studied, examined and revised before it is put into practice. The nurse is aware that rest and sleep are important needs for her patient. She must decide how she can best fulfill this need. She cannot prescribe a sedative or sleeping medication, can she? She must rely on her knowledge and skill to create an atmosphere in which the patient can rest. She can alter his environment by drawing the curtains and closing the door. The nurse can smooth the bed linen, give a back rub, offer a warm beverage. She can administer a sedative if it has been ordered, as well as encourage the patient to talk, listening with interest to what the patient says. She can show the patient she cares and wants to help expedite his improvement or recovery.

Practice Question

Remember Mr. Jones, the patient in pelvic traction for low back pain? Choose one of the two basic needs given below and list two nursing methods of meeting this need for Mr. Jones. Remember to consider his diagnosis.

Basic Needs: Comfort and safety

1)

2)

In this kind of question, you are likely to be asked why you chose that method. If I were to ask you to give me a reason for your choices, could you?

Feedback

Both comfort and safety are important factors in caring for Mr. Jones but since part of his diagnosis is pain we might consider comfort first.

Did you list proper body alignment and adjustment of pelvic girdle so that the pull of the weights is even and straight? Did you list warm shower and back rub or secure covers at bottom of bed and add an extra cover to keep feet warm and out of drafts because of the foot cradle on his bed? If so, you were keeping his special comfort needs in mind.

His safety is also important. Did you put his call light within easy reach; remember to stay near while he was showering, lock the wheelchair wheels when he went to physical therapy? Did you check the weights on the traction pulley that they were properly attached and would not fall? And when Mr. Jones was out of traction, did you make certain the weights were not where they could be stumbled over? If you chose any two of these you are aware of safety factors.

POST TEST

1. List five basic needs common to all patients.

2. Determine the priority you would assign to each of these basic needs and so indicate by numbering them 1 through 5.

3. List three sources that will help you to gather information necessary for the care plan.

4. Choose your number one priority basic need, and list two methods by which you can help to meet this need.

   Priority #1: Methods of meeting need:

   1.

   2.

5. Directions: Draw a circle around the number in front of the one best answer:

   Examples of individual patient needs are:

   a. may not have iced fluids
   b. likes small pillow under head
   c. up ad lib
   d. bathroom privileges
   e. limit fluids to 1000 cc per day

   1) a e
   2) a b d
   3) a b e
   4) b c d

6. Complete the following sample nursing care plan for Mrs. Greenert
   82 years
   aphasic hemiplegic (CVA)

		NURSING CARE INFORMATION	
Basic Need	Medical Care Information	Method of Meeting Need	Reason
Nutrition & Fluid	Soft diet; needs to have food & fluid intake increased as tolerated.		
Activity & Safety	Do Range of Motion & encourage activity. Up in wheelchair one hour BID		

7. This unit was:
   ___1. too easy
   ___2. too difficult
   ___3. about right for the amount of information provided

8. The content in this unit was:
   ___1. important ___5. confusing
   ___2. explanatory ___6. stimulating
   ___3. uninteresting ___7. unimportant
   ___4. too detailed ___8. well presented

ANSWERS TO POST TEST

1. Basic needs common to all patients: fluids and nutrition, oxygen (air), elimination, rest and sleep, activity, hygiene, comfort, safety.

2. Priorities 1) oxygen (air) 2) fluids, 3) nutrition, 4) safety, 5) elimination, 6) rest and sleep, 7) activity, 8) comfort, 9) hygiene

3. Sources of information: Patients, patient's chart, family, staff (or Health Team) medical dictionary, nursing text books.

4. If you chose as your #1 priority oxygen or air and methods of meeting this need as either opening windows, elevating bed to high Fowler's position, turning on oxygen source or asking others in room to refrain from smoking, you have chosen correctly. If you chose fluids and/or nutrition as your #1 priority and the methods of meeting this need as offering patient fluid of his choice (if selection is permitted) at frequent intervals (q2h) encouraging patient to drink one glass of water with medications; preparing him for mealtime: wash hands, clear off overbed table to make room for food tray, elevate bed to comfortable height or let him sit in chair, arrange or cut up food as necessary, feed him or ask family member to do this, arrange to sit with patient while he eats.

   If you chose others than those discussed above, see your instructor.

5. Multiple choice answers: 3 - a b e

6. Nutrition & Fluids: You may have included any of the following methods: feed patient slowly; encourage her to feed herself and offer help when needed; offer fluids frequently in small amounts; thicken fluids somewhat; offer frequent small feedings; encourage appetite by preparing before meal, let her sit in chair for lunch and dinner. If you have chosen two methods of meeting this need, you have met the objective but with a bit more thought you should be able to list several other methods.

   Activity & Safety: You may have included any of the following methods: do range of motion to joints on affected and inaffected sides with bath; encourage active participation by patient, when in bed or in chair, check her for correct body alignment; transfer her to wheelchair using good body mechanics and safe procedure, i.e. position of wheelchair in relation to affected side, lock wheels, move footrests out of way, seat her in upright position and secure her with a soft vest restraint; place over bedtable water, tissues, etc. within easy reach of unaffected arm; put on her spectacles; have call light within easy reach; check on her frequently; arrange to have her up in wheelchair at meal time; put her back to bed promptly at the end of one hour. If you have chosen three methods of meeting this need, you have met the objective but with a bit more thought you may be able to list several others. The reasons you have chosen for the methods of meeting these needs should reflect your knowledge of fundamentals of nursing. If you could give only one reason, you have not met the objective and should review Introduction to Patient Care: A Comprehensive Approach to Nursing, B.W. DuGas, pages 64 through 80.

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NURSING CARE OF A CHILD WITH CYSTIC FIBROSIS

By

Grace Perkins

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TITLE:	Nursing Care of a Child With Cystic Fibrosis
AUTHOR:	Grace Perkins
INSTITUTION:	Cuyahoga Community College, Cleveland, Ohio
STUDENTS:	Nursing
ESTIMATED WORKING TIME:	15 minutes
MATERIALS NEEDED:	None
REVISED:	October 15, 1977

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Some Elements of Nursing Care of a Child with Cystic Fibrosis

Overall Objective

You will be able to plan for giving nursing care to a cystic fibrotic child.

Sub-Objectives

A. Develop a plan to prevent respiratory infections.

B. Describe nursing care when a respiratory infection is evident.

C. Develop a plan to prevent complications of respiratory infections.

D. Determine the elements of nutritional adequacy.

E. Establish control measure for steatorrhea.

F. Plan measures to prevent heat prostation.

G. Develop an awareness of the psychological needs of the family.

Remember the course of lung obstruction and respiratory infections? Very thick bronchial mucous develops that is very difficult to cough up and can therefore become easily infected. The goal for the cystic fibrotic child is to THIN secretions.

See the graph below for three treatments to THIN secretions.

*PROCEDURES TO REMOVE THICK SECRETIONS

WHAT	HOW	BECAUSE
Moisture Added To The Air The Child Breathes	Sleeping In A Mist Tent Inhaling Mist Per IPPB Or Nebulizer	Moisture Added To Secretions THINS Secretions
Administration of Bronchodilators	IPPB Or Nebulizer Or Tablet Form	Relieves Bronchospasm
Drainage of Mucus	Postural Drainage	Mucus Can Be Coughed Up And Expectorated

If necessary, please review: 1. Procedure for operation of a mist tent. 2. Specific dosage for bronchodilators for children. 3. Position, clapping, and vibration procedures.

Question 1

What three procedures are commonly used to THIN the thick, tenacious secretions of the lungs in the cystic fibrotic child?

Right!

We add moisture,

Administer bronchodilators,

and Drain mucus by postural drainage technique.

If there is an infection in the lungs we continue the three procedures noted above. Many physicians also order medications and treatments that would prevent drainage to the bronchial tube. The nurse should:

1) Administer medications on time.

2) Report untoward effects promptly.

Question 2

The nurse care plan for a CF admitted with respiratory infection would include:

1) Moist air to lungs to THIN secretions

2) Bronchodilators as ordered

3) Postural drainage procedures

4) Antibiotics as ordered

5) Admit to Room 3 with Johnnie who also has bronchopneumonia so they can play together

6) Report severe coughing spells

A. All of the above

B. All except #5

It is very important to report the child's reaction to treatment. Any changes unexpected or untoward must be reported promptly by the nurse to the attending physician.

B is correct!

How can we prevent respiratory complications?

A. ENCOURAGE EXCELLENT NUTRITION

YEA FOOD!

BASIC FOUR
WITH LOW OR MODERATE FAT

B. ENCOURAGE PHYSICAL ACTIVITY

C. TRY TO KEEP WARM IN COLD, RAINY WEATHER

D. USE COMMON SENSE!

Question 3 (true or false)

The nurse remembers that CF children should:

_____A. Eat well to improve resistance to infection.

_____B. Swim and play as exercise tends to aerate lungs more fully.

_____C. Be protected from extremes in temperature.

_____D. Be protected from pollution as much as possible.

All of the above are TRUE!

Excellence in nutrition is very important for CF children NOT ONLY TO COMBAT INFECTION. Excellence in nutrition is necessary for GROWTH. Encourage a diet of the four basic food groups with only low or moderate fat.

LITTLE NOSES

GROW INTO BIG NOSES.

Control of steatorrhea

Remember? Steatorrhea means large, foul-smelling, bulky and frequent stools. Pancreatic stuff tastes unpleasant so we need to disguise is as much as possible.

Question 4 (true or false)

The CF child must have all the nutrients necessary for any active, growing child, and since absorption is the main problem, pancreatic extract should be given:

_____A. Before meals with a taste distractor.

_____B. Meals should be good things, well-liked, on time, so they will be well eaten.

_____C. If moderate fat produces steatorrhea, fat should be reduced to low fat.

A, B, and C are true. You are doing quite well if you were correct.

The three major problems in CF are respiratory infections, malabsorption of nutrients and an abnormally high level of salt in the patient's sweat.

So if CF patients are in too much heat, they like anyone else will perspire more AND UNLIKE other persons they lose three to five times as much salt in their sweat and THEREFORE more quickly develop HEAT PROSTATION.

Question 5

The CF child would be most likely to develop heat prostation in:

1) Very warm weather.

2) Very humid weather.

3) Very cool weather.

Your answer should have been #1.

Although we've talked about a plan of care that would be of benefit to a child with cystic fibrosis, these children face discomfort, separation from their loved ones, and death on a more or less constant basis. There is no cure for CF. Children DO NOT grow out of it. Parents are overwhelmed, sometimes devastated by the implications of the diagnosis.

Our nursing care plan must include for parents:

C - Cooperation

Y - Yes you can, whenever possible

S - Sympathy and support, including identification of appropriate community resources

T - Teach, teach, teach

I - I'm here, and I . . .

C - Care

POST TEST

DIRECTIONS: For every nursing problem identified, write in the appropriate nursing action

Nursing Care of a Cystic Fibrotic Child

Nursing Problem	Nursing Action
1. Liquefaction of bronchial secretions while sleeping	1.
2. Liquefaction of bronchial secretions during working hours	2.
3. Bronchospasm	3.
4. Physical movement of mucus up and down	4.
5. Bacterial infection	5.
6. Untoward reactions to treatment	6.
7. Malabsorption of nutrients due to lack of pancreatic enzymes	7.
8. Improve nutritional status	8.
9. Maintain muscle strength	9.

Nursing Problem	Nursing Action
10. Prevent exposure to extremes in weather.	10.
11. Facilitate growth	11.
12. Steatorrhea	12.
13. Prevent heat prostation	13.
14. Parental reactions	14.

POST TEST ANSWER KEY

1. Sleeping in a mist tent
2. IPPB or nebulizer inhalation of mist
3. Administration of bronchodilators
4. Postural drainage
5. Administer antibiotics as ordered.
6. Report any untoward reactions.
7. Administer pancreatic extract.
8. Encourage to eat diet.
9. Encourage physical activity.
10. Dress appropriately to prevent chilling.
11. Encourage protein and calories.
12. Correlate diet and amount of pancreatic extract to control steatorrhea.
13. Regulate temperature of environment so that child does not perspire.
14. Cooperate, allow parents to be involved in the care - give them sympathy and emotional support when they need it, teach them the practices you have found work well with their child, be available. It doesn't hurt to show that you care.

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FEEDING THE HYDROCEPHALIC BABY

by

Vivian Filer

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TITLE OF PACKAGE:	Feeding the Hydrocephalic Baby
AUTHOR:	Vivian Filer
INSTITUTION:	Santa Fe Community College, Gainesville, Fla.
INTENDED STUDENTS:	Nursing students or parents of hydrocephalic baby
ESTIMATED WORKING TIME:	20 minutes
MATERIALS NEEDED.	None
REVISED:	August 1, 1977

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INTRODUCTION

Have you ever considered the task of feeding a hydrocephalic infant as one that is insurmountable?

It need not be thought of as such. If you have the basic knowledge of feeding a healthy infant, there are only a few basic modifications to be aware of.

You are probably way ahead of me in your mind. Yes, the infant's head is larger. This one basic fact is the key that determines how to lift the infant, how to hold his head and how to burp him.

Your overall objective for this unit is to describe correct procedures for feeding the hydrocephalic infant. As you work through the unit you will:

Describe the manner in which the hydracephalic should be lifted from his/her crib.

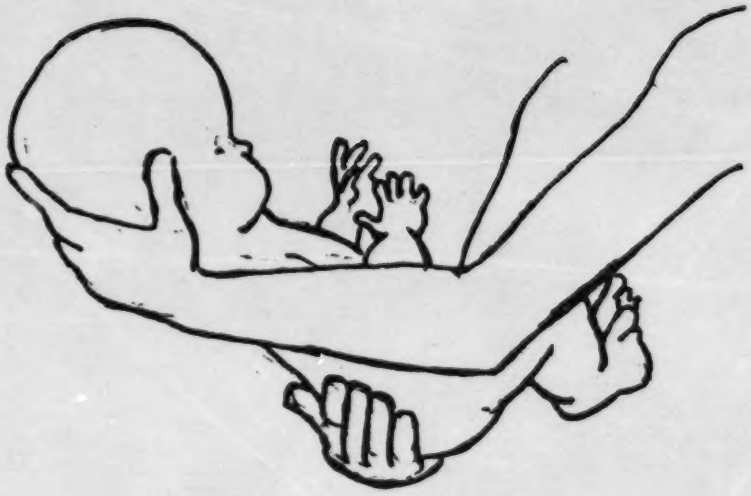
State the feeding difficulty experienced by the hydrocephalic.

Describe three methods of positioning the head comfortably and safely and the methods you are most likely to choose.

State the appropriate manner to burp the hydrocephalic in bed/ while holding.

Look at the infant in the picture to the right. She is a hydrocephalic. Her head is quite large and heavy. Too often the desire may be to feed her in bed; however, she needs to be held, cuddled, loved and cared for as any other baby does. So, how can you lift her in a safe manner? Here's how:

1. Place the baby's head in the palm of one hand, supporting the neck with your wrist.
2. Use your other hand to support the lower spine.
3. Move head and body at the same time. (See picture below)



Practice Question #1

Now, how would you lift this infant from her crib in a safe manner?

Answer

By placing the baby's head in the palm of one hand, supporting the neck with your wrist, then using the second hand to support the lower spine; moving both head and body at the same time.

There is always the possibility that this infant will have a poor sucking reflex. She may also have an impaired swallowing reflex. This is not always the case, but you should be aware of all possibilities to provide a safe feeding.

You must also watch for projectile vomiting - an indication of increased intracranial pressure.

Practice Question #2

The hydrocephalic might have difficulty with his feeding. State the reflexes that may be absent or hampered in some way? What other complication might there be?

Answer

Unfortunately, this baby may have a poor sucking reflex and a poor swallowing reflex. She might also have projectile vomiting.

If you are the typical individual holding and feeding a hydrocephalic baby for the first time, this is what you probably look like.

Have NO fear! This package is here to lead you on the right way.

1. To position this baby's head safely, simply rest it against your chest with the baby in an upright position. Support the head against your chest with one arm, leaving the other arm free to hold the bottle.

2. You may also pad the arm of the chair with a pillow or pad and rest the arm holding the infant's head.

3. The third option is to lay the infant in your lap on her abdomen, head elevated and supported in the palm of your hand. This is the least desirable way!

Practice Question #3

What are the three ways to position a hydracephalic's head during feeding?? Which method is less desirable?

Answer

1) By holding the baby's head against your chest in an upright position.

2) Placing your arm on the padded arm of a chair.

3) On her abdomen in your lap, with her head elevated and supported by your palm.

Least desirable method is #3.

Are you beginning to feel that you do have the capability to hold and feed a hydrocephalic infant? Good! The next step is to burp this infant. You are holding her in your lap, with her head supported against your chest.

Now, remove the nipple from her mouth, continue to hold the baby in the same manner. Now, rub her back between the shoulders until she burps.

Suppose you were feeding this infant with her head in your arm and your arm supported on a pillow. Set the baby upright, rest her head on your chest and rub between the shoulders. Confused? No need to be - just remember --- when holding your infant, just remove the nipple, support the head to your chest, rub between the shoulders!

If you are feeding your infant in bed, you have received a doctor's order stating your child should not be held. If this is not the case, HOLD THAT BABY!!!

If your order does indeed state, FEED BABY IN BED: To burp her, simply remove nipple from mouth, lift her head slightly by placing your palm under her head!

How should the hydrocephalic be burped. With head upright?

How should the hydrocephalic be burped when her head's down (lateral position)?

Answer

When burping the hydrocephalic baby remove nipple from mouth, head against your chest, rub the infant between her shoulders with head upright.

If the baby is in bed with head down (lateral position) remove the nipple from her mouth several times during feeding, lifting her head slightly.

That completes the procedure for feeding the hydrocephalic baby. To make sure you remember the steps, review with the short Post-Test on the next page. Answers are on Page 9.

POST-TEST

1. When lifting the hydrocephalic, you must remember to move the_____ and_____ at the same time.
2. How should the hydrocephalic infant be supported when lifted from his/her crib? (List the three steps).

3. What difficulties should you be aware of while feeding a hydrocephalic infant?

4. List three ways to position the head during feeding.

5. Are all of the methods taught equally desirable?
6. State the manner in which a baby with hydrocephalus should be burped.
   a. While held in lap:

   b. When fed in bed:

POST-TEST ANSWER SHEET

1. Head and body
2. a) placing baby's head in the palm of one hand supporting neck with wrist. b) support lower spine with other hand. c) move head and body at the same time.
3. May have difficulty swallowing and or sucking. May also have projectile vomiting.
4. a) Against your chest in an upright position; b) resting in your arm with arm on a pillow; c)in your lap, the baby on her abdomen, head elevated and supported.
5. No
6. In lap - by removing nipple from mouth and rubbing gently between the shoulders. Maintain head up position.

   In bed - If head is too large and baby cannot be lifted, the nipple should be taken from his mouth several times, elevating head and shoulders slightly, rubbing between shoulders.

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